## Use Alternatives to Opioids

## Low back pain

## Self-care and patient education:

Advise patients to remain active and limit bedrest

Nonpharmacological treatments:
Exercise, cognitive behavioral therapy, interdisciplinary rehabilitation

## Medications:

First-line: acetaminophen, non-steroidal anti inflammatory drugs (NSAIDs)

Second-line: Serotonin and norepinephrine reuptake inhibitors (SNRIs)/tricyclic antidepressants (TCAs)

## Fibromyalgia

Patient education:
Address diagnosis, treatment, and the patient's role in treatment

Nonpharmacological treatments:
Low-impact aerobic exercise (e.g., brisk walking, swimming, water aerobics, or bicycling), cognitive behavioral therapy, biofeedback, interdisciplinary rehabilitation

## Medications:

- FDA-approved: pregabalin, duloxetine, milnacipran
" Other options: TCAs, gabapentin


## When opioid medication is part of the treatment plan:

Check the Prescription Monitoring Program (PMP). Assessment of risk, adherence, function and pain.
Start low and go slow. Schedule follow-up in one week.
Prescribe naloxone.
Provide YourLifelowa.org resources.

## When managing an opioid use disorder:

Get Medication-Assisted Treatment (MAT) waiver certified through Providers Clinical Support System at pcssnow.org
Link patient to care for outpatient or residential treatment.

Provide YourLifelowa.org resources.
Prescribe naloxone.

## Migraine

Preventive treatment:

- Beta-blockers

TCAs
Antiseizure medications

Calcium channel blockers

## Neuropathic pain

## Medications:

TCAs

- SNRIs
gabapentin/pregabalin
topical lidocaine


## Osteoarthritis

## Nonpharmacological treatments:

Exercise, weight loss, patient education

## Medications:

First-line: acetaminophen, oral NSAIDs, topical NSAIDs
Second-line: Intra-articular hyaluronic acid, capsaicin (limited number of intraarticular glucocorticoid injections if acetaminophen and NSAIDs insufficient)


